

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

9297-62-035984  
STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

FILED OCT 3 1962

Primary Registration District No.

Registrar's No.

VS 300  
Rev. 4/59

1

2

3

4

5

6

7

8

9

10

11

12

13

STATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SCHEIDT  
USE BLACK INK  
OR  
TYPEWRITER RIBBON

## 1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN **St. Louis, Mo.**

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION **St. Louis City Hosp. #1**

Inside Limits  
Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE **Mo.** b. COUNTY

c. CITY  
OR  
TOWN **St. Louis,**

Inside Limits  
Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location)  
**4336 Arsenal Str.**

Reside on Farm  
Yes ☐ No ☐

## 3. NAME OF DECEASED

(Type or print)

First

**Jacob**

Middle

**P.**

Last

**Buchheit**

4. DATE  
OF  
DEATH

Month  
**Sept.**

Day  
**25,**

Year  
**1962**

## 5. SEX

**Male**

## 6. COLOR OR RACE

**White**

## 7. Married

Widowed ☒

## 8. DATE OF BIRTH

**7-20-1873**

## 9. AGE (last birthday)

**89**

## IF UNDER 1 YEAR

Months

Days

## IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

**Clothing Cutter & Designer**

10b. TRADE, BUSINESS OR INDUSTRY

**St. Louis Custom**

11. BIRTHPLACE (City and state or country)

**Cincinnati, Ohio**

12. CITIZEN OF WHAT COUNTRY

**U.S.A.**

13a. FATHER'S NAME

**Adam Buchheit**

13b. MOTHER'S MAIDEN NAME

**Mary Roberts**

14. NAME OF HUSBAND OR WIFE

**Late Ida Buchheit**

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)  
**No**

16. SOCIAL SECURITY NO.

**None**

17. INFORMANT

**Mrs. Ellen Ankrom-4336 Arsenal Str.**

Address

18. CAUSE OF DEATH (Enter only one cause per line)  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

**Arteriosclerotic Heart Disease**

INTERVAL BETWEEN ONSET AND DEATH

**1 week**

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

**Generalized Atherosclerosis**

DUE TO (c)

**450-1**

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour  
a.m.  
p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from **9/16/62** to **9/25/62** and last saw her alive on **9/25/62**  
Death occurred at **4:00 P.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

**Thomas A. Schneider, MD**

22b. ADDRESS

**1515 Lafayette Ave**

22c. DATE SIGNED

**9/26/62**

23a. BURIAL, CREMATION, REMOVAL (Specify)  
**Removal**

23b. DATE  
**Sept. 28th, 1962**

23c. NAME OF CEMETERY OR CREMATORY  
**St Johns Cemetery**

23d. LOCATION (City, town, or county)  
**St. Louis County,**

(State)  
**Mo.**

24. FUNERAL DIRECTOR

ADDRESS

**Kriegshauser-4228 S.Kingshighway Blvd.**

25. DATE RECD. BY LOCAL REG.

**SEP 27 1962**

26. REGISTRAR'S SIGNATURE

**Earl Smith, M.D.**

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*R. W. Stoverson*

Licensed Embalmer No.

*4007*

P. O. Address

*St. Louis Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.